Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			CA FORM	460
NAME OF FILER	I.D. NUMBER	Election Date:	State	ment Period
ZIMMER FOR SCHOOL BOARD 2017	1384608	(Month/Day/Year) 03/07/2017	from 0	04/30/2017
		03/07/2017	to 0)5/10/2017

1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee

2. Type of Statement

Pre-Runoff Statement

3. Committee Information

Committee Name :	ZIMMER FOR SCHOOL BOARD 2017 - 1384608	
Committee Address :	address redacted LONG BEACH, CA 90802 (213) 489-4792	
Mailing Address (if different) :		
Fax Number :	(213) 489-4818	
E-Mail Address :	dlgould@gouldorellana.com	
Treasurer Name :	DAVID L. GOULD	
Treasurer Address and Phone Number :	address redacted LONG BEACH, CA 90802 (213) 489-4792	
Assistant Treasurer Name :	INGRID ORELLANA	
Assistant Treasurer Address and Phone Number :	address redacted LONG BEACH, CA 90802 (213) 489-4792	
Treasurer Fax Number :	None	
Treasurer E-Mail Address :	None	

4. Verification

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewe the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

10-May-17	David Gould (e-signed)
Executed On: (Date)	By: (Signature of Treasurer)
10-May-17	Steve Zimmer (e-signed)
Executed On: (Date)	By: (Signature of Candidate / Officeholder)

Recipient Committee Campaign Statement Cover Page - Part 2 (Government Code Sections 84200-84216.5)			CA 460 FORM
NAME OF FILER	I.D. NUMBER	Election Date:	Statement Period
ZIMMER FOR SCHOOL BOARD 2017	1384608	(Month/Day/Year) 03/07/2017	from 04/30/2017
		03/07/2017	to 05/10/2017

Committee Name	ID	CC Address	Treasurer
ZIMMER FOR SCHOOL BOARD 2013	1346463	Y address redacted	David L. Gould
		Long Beach, CA 90802	
		(213) 489-4792	

Recipient Committee Campaign Statement Summary Page		CA FORM	460
(Government Code Sections 84200-84216.5)			
NAME OF FILER ZIMMER FOR SCHOOL BOARD 2017		onth/Day/Year) /2017 from	ement Period 04/30/2017 05/10/2017
Contributions Received		Column A (This Period)	Column B (Calendar YTD)
1. Monetary Contributions	Sched. A, Line 3	\$0.00	\$124,053.00
2. Loans Received	Sched. B, Line 3	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$124,053.00
4. Non-Monetary Contributions	Sched. C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$124,053.00
Expenditures Made		Column A	Column B
6. Cash Payments	Sched. E, Line 4	\$0.00	\$184,513.20
7. Loans Made	Sched. H, Line 3	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$0.00	\$184,513.20
9. Accrued Expenses (Unpaid Bills)	Sched. F, Line 3	\$1,150.00	\$1,150.00
10. Non-Monetary Adjustment	Sched. C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$1,150.00	\$185,663.20
Current Cash Statement			
12. Beginning Cash Balance	Prev. Summary, Line 16	\$0.00	
13. Cash Receipts	Col. A, Line 3	\$0.00	
14. Miscellaneous Increases to Cash	Sched. I, Line 4	\$0.00	
15. Cash Payments	Col. A, Line 8	\$0.00	
16. Ending Cash Balance	Lines (12 + 13 + 14) - 1	15 \$0.00	
Loan Guarantees Received			
17. Loan Guarantees Received	Sched. B, Part II	\$0.00	
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents		\$0.00	
19. Outstanding Debts	Col. B, Lines 2 + 9	\$1,150.00	

Recipient Committee Campaign Statement Schedule F Accrued Expenses (Unpaid Bills) (Government Code Sections 84200-84216.5)			CA FOR	460
NAME OF FILER	I.D. NUMBER	Election Date:	Sta	tement Period
ZIMMER FOR SCHOOL BOARD 2017	1384608	(Month/Day/Year) 03/07/2017	from	04/30/2017
		03/07/2017	to	05/10/2017

Schedule F Summary

1. Total accrued expenses this period:
(include all Schedule F, column (b) subtotals for accrued expenses of \$100 or more, plus unitemized accrued expenses under \$100.)

2. Total accrued expenses paid this period:
(Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued

expenses under \$100.)

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3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the net here and on the Summary Page, Column A, Line 9.)

\$1,150.00

\$0.00

(May be a negative number)

Schedule F Detail (2 Records)

Creditor	Code or Description of Payment	(a) Outstanding Balance Beginning this Period	(b) Amount Incurred this Period	(c) Amount Paid this Period (also report on E)	(d) Outstanding Balance at Close of this Period
Varant Markarian <i>address redacted</i> Glendale , CA 91204	Returned Contributions Refund of Contribution	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Masters Contracting Corp. address redacted Glendale , CA 91204	Returned Contributions Refund of Contribution over Limit	\$0.00	\$150.00	\$0.00	\$150.00